Hand hygiene compliance rates
Resource for Indicator Standards (RIS)
Health Analytics Branch, Ministry of Health and Long-Term Care

Indicator description

RIS indicator name
Hand hygiene compliance rates

Other names for this indicator
• Hand hygiene compliance before patient contact
• Hand hygiene compliance after patient contact

Indicator description
The compliance rates for:
  a. hand hygiene before initial contact with the patient/patient’s environment for all health care providers (HCPs); and
  b. hand hygiene after contact with the patient/patient’s environment for all HCPs.

Accountability agreement(s) or ministry initiative(s) the indicator supports
• Patient Safety Public Reporting

Numerator

Data source
Self-Reporting Initiative (SRI) (beginning FY 2012/13), and Web-Enabled Reporting System (WERS) (FY 2009/10 to 2011/12), Ontario Ministry of Health and Long-Term Care (MOHLTC)

Inclusion/exclusion criteria
Includes:
  1. All publicly funded hospitals;
  2. Inpatient settings.

Excludes:
N/A
Calculation

Steps:

Compliance Before Patient Contact:
1. Sum the number of times hand hygiene (HH) was performed for all HCPs before patient/patient’s environment contact.
2. Multiply by 100.

Compliance After Patient Contact:
1. Sum the number of times hand hygiene (HH) was performed for all HCPs after patient/patient’s environment contact.
2. Multiply by 100.

Denominator

Data source
Self-Reporting Initiative (SRI) (beginning FY 2012/13), and Web-Enabled Reporting System (WERS) (FY 2009/10 to 2011/12), MOHLTC

Inclusion/exclusion criteria
Includes:
1. All publicly funded hospitals;
2. Inpatient settings.

Excludes:
N/A

Note: Other inclusion/exclusion criteria may exist depending on any variables used for stratification.

Calculation

Steps:

Compliance Before Patient Contact:
1. Sum the number of observed hand hygiene indications for all HCPs before patient/patient’s environment contact.

Compliance After Patient Contact:
2. Sum the number of observed hand hygiene indications for all HCPs after patient/patient’s environment contact
Timing and geography

Timing/frequency of release
How often and when data are being released (e.g., be as specific as possible...data are released annually in mid-May)

Data are available annually, at the end of April.

Trending
Years available for trending
Fiscal year data are available from April 2009 forward.

Levels of comparability
Levels of geography for comparison
Data are available at provincial, LHIN and hospital levels.

Additional information

Limitations
Specific limitations
N/A

Comments
Additional information regarding the calculation, interpretation, data source, etc.

Data are self-reported by hospital and are based on audit.

To ensure enough audits are available and data are statistically valid, hospitals with 100 beds should complete at least 200 audits. The minimum number of observation opportunities is 50 for any hospital that has 25 beds or less.

The audits should take place over varying shifts, units/wards, and time (i.e. day of the week and time of day) to more accurately capture what is happening within the facility.

Effective December 2012, patient safety indicator results, as well as other patient safety information, are available on Health Quality Ontario’s (HQO) website.

References
Provide URLs of any key references (e.g., Diabetes in Canada, http:// ...)

1. Health Quality Ontario’s Patient Safety Website
2. Just Clean Your Hands Program
Contact information
For more information about this indicator, please contact RIS@ontario.ca.

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2012-12-11

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2017-07-05